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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 219002029400
Application Number	10/660,115	Filed September 10, 2003
For INHIBITORS OF TGF β		
Art Unit	1624	Examiner V. Balasubramanian
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120 Small Entity Fee \$60 \$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$450 Small Entity Fee \$225 \$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1020 Small Entity Fee \$510 \$ 1,020.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1590 Small Entity Fee \$795 \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2160 Small Entity Fee \$1080 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> <u>I have enclosed a duplicate copy of this sheet.</u>		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,422</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.		
<u>/Michael G. Smith/</u> Signature		September 21, 2007 Date
<u>Michael G. Smith</u> Typed or printed name		(858) 720-5113 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u> forms are submitted.	